

Foster Family Home - Corrective Action Report

Provider ID: 1-583171

Home Name: Carmencita Gamponia, CNA

Review ID: 1-583171-7

1208 Neal Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 11/27/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/27/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/27/19.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN for CG#1 lapsed on 9/12/19; renewed 10/25/19. For HHM#1 APS/CAN expired on 11/10/17 and renewed on 10/25/18.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted on Client #1 and Client #2.

For Client #1 - 1 medication was not transcribed in Medication Administration Record and not on CMA's Medication List; bottle is available and has MD order in client's chart.

For Client #2- 1 medication was discontinued by MD on 11/7/17 but not discontinued in Medication Administration Record; no CMA list available in client's chart and medication is not on hand.

Maribel Nakamine, RN

Compliance Manager

Date

11/27/19

CK Zoupa

Primary Care Giver

Date

11/27/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Carmencita Gamponia
CCFFH Address: 1208 Neal Ave. Wahiawa Hi. 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	I showed CTA compliance Manager the APS/CAN for CG #1 and HAM #1 and placed in home binder.	11/27/19	CG #1 will use a calendar in phone to schedule appointments in advance of due dates to prevent from future lapses.
54.66(5)	CG #1 corrected the medication discrepancies for client #1 and client #2 by contacting CMA, MD, and pharmacy	11/30/19	CG #1 will check MAR, MD's orders and medication bottles to administering new medication and will contact MD, CMA and pharmacy if discrepancy is noted.

Primary Caregiver's Signature: C. Gamponia

Print Name: Carmencita Gamponia Date of Signature: 12/13/19